NOTE: YELLOW SHADED OR HIGHLIGHTED AREAS ARE THOSE COMPLETED BY FACILITY	
FACILITY & PROVIDER #	Happy Nursing Home, MT27-0000
ADMINISTRATOR OR FACILITY CONTACT	John Smith
CONTACT NUMBER	406-123-4567

RESPONSE (must include response for all 5 criteria see cover letter that accompanied statement of deficiencies)

DEFICIENCY or TAG NUMBER: F221 Health Example

(NOTE: EXAMPLE ONLY, FULL TAG DOES NOT HAVE TO BE PUT INTO RESPONSE) Based on observation, clinical record review and staff interviews, the facility failed to document the medical symptom indicating the need for a restraint, evaluate for less-restrictive interventions, and revise the resident's care plan delineating the use of the restraint for 1 (# 11) of 16 sampled residents. Findings include:

1. Resident #11 was admitted to the facility on 1/13/08. Diagnoses included mental disorder, cerebral meningitis, history of jaw fracture, dementia with behavior disturbance, depressive disorder, anxiety, and transient ischemic attacks. Review of the Daily Skilled Nurse's Note dated 1/14/08, indicated a call had been placed to resident #11's physician requesting an order for a lap buddy. A Physician Clinic order dated 1/15/08 indicated, "Please use lap buddy." No diagnosis was given. There was no documentation that less restrictive measures had been attempted prior to the initiation of the lap buddy. A Resident Restraint Consent form indicated a lap buddy was to be used for safety. This was to be on while resident #11 was in a wheelchair. This form was signed by resident #11's power of attorney on 1/15/08. A Physical Restraint Elimination Evaluation dated 2/4/08, indicated a "lap buddy to wheel chair at all times." The comments section indicated the resident continually tries to rise from the wheelchair and ambulate. On 2/12/08, this form indicated the lap buddy was to be discontinued in 2 weeks if the resident was safe. An "At Risk for Falls" care plan dated 1/21/09 indicated the resident was currently using a lap buddy for fall prevention. This care plan indicated the lap buddy was discontinued on 3/12/08. The facility failed to document a medical symptom indicating the need for a lap buddy. There was no documentation that less restrictive interventions had been attempted prior to the initiation of the lap buddy. There were no resident specific instructions as to when to remove the lap buddy, such as at meal time.

1) Address how corrective action will be accomplished for those residents and/or locations found to have been affected by the deficient practice.	**1.)** Resident #11 no longer has a restrictive device.
2) Address how the facility will identify other residents and/or locations having the potential to be affected by the same deficient practice.	**2.)** All residents with restraints have been assessed and documentation of a medical symptom indicating the need for the restraint in place, they have been evaluated for less restrictive interventions and have care plans that delineate the use of the restraint.
3) Address what measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. (e.g. in-service training, use of consultants, physical environment enhancements)	**3.)** All nursing staff has been in serviced on the need for documented medical symptoms for restraint use, evaluations for less restrictive interventions and care plans that delineate the use of restraints.
4) Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The plan of correction must be integrated into the quality assurance system.	**4.)** Audits will be done weekly for 1 month and then monthly for 3 months, then quarterly to ensure that restrictive devices have proper medical condition for use and if a less restrictive device or no device could be used. The Quality Assurance Committee will be responsible for monitoring the outcome of the audits to ensure that correction is sustained.
5) Include dates when corrective action will be completed. This date should include any training and other final steps that are required to complete response to deficiency. (Note: Date cannot be same as date on statement of deficiencies or longer than 60 days from date of exit.)	**5.)** 08/03/2010